

Kathryn: Hello everyone this is Kathryn Power. I am the SAMHSA regional administrator for Region 1 in the New England's states. I work with Maine, New Hampshire, Vermont, Connecticut, Massachusetts, and Rhode Island. I am also the strategic initiative lead for military service members, veterans, and their families for SAMHSA, we are having a conversation today with Keith Whyte, and I wanted to have the opportunity for Keith to introduce himself.

Keith: Thank you for having me on. I am the executive director for the National Council on Problem Gambling (NCPG). For those of you who are not familiar with NCPG, as many won't be, we were founded in 1972; we are the national advocate for programs and services to assist problem gamblers and their families. And since 1972, we have been working very hard to have problem gambling seem as what we now know as behavioral health issues. We have been working hard to integrate quite frankly into the mainstream. So this is a wonderful opportunity for us, with the DSM-V, coming out with ACA and I think it's a good time to talk about how problem gambling is increasingly infused with mainstream behavioral health system especially in the northeast region where there is so much expansions on gambling.

Kathryn: And I think people need to know that Keith and I were initially engaged in a conversation when the directors of the Department of Elderly Affairs in Region 1 states decided to raise an issue on connection between older adults gambling and sort of awareness environment around issues with smoking. We had an interesting and far ranging conversation about that and that's actually how Keith and I started thinking about what's really happening out there in the world and the connectivity that state legislatures have by looking at this as a problem or issue and making the substance abuse and mental health leadership aware of it. I remember when I was commissioner in Rhode Island 15 years ago, legislature said well Kathryn you're responsible for addictions in mental health and substance abuse so we are going to let you take care of gambling as well. And in many cases it was simply an assignment. There were no resources. There was no program. It was just an assignment to begin to care about. What strikes me Keith is about now in 2014, we are seeing a tremendous expansion of gambling vineyards, of gambling as a tremendous interval, frankly component of government revenue raising and so government itself is using gambling as a means of revenue raising equation and yet at the same time the venues are exploding in terms of where people can go to game. So any comments from you about that in terms of that explosive nature of what's happening?

Keith: It's become now where gambling was something that in American traditional seen as a vice legally and kind of socially. It's now become acceptable recreation. It's become acceptable means for government to raise revenue and but as with any activity there are both costs and benefits. The role of government in promoting and endorsing a profit from legalized gambling has been so much controversial because there has not been as much attention paid to the downside. So looking at people with addiction and again that's why I think there is this movement to harmonize the mainstream gambling within these states systems where in a lot of case they have not been present. So we know for example, there are 39 states providing some sort of public funds to prevent, treat, and address gambling addiction. In the span of last year, of those 39 states, were 61 million dollars. You know in some way that's actually not a lot. Per capita average that's about 25 cents per capita. And you know we are not able to do a lot with that. When you compare, so 280 times less well funded per capita preventing substance abuse. However, that's been a massive increase.

When I came into this field in 1995, there were four state agencies. The four state agencies have some sort of public responsibilities for gambling addictions. So we really have come a long way in things like DSM-V, things like ACA offer tremendous opportunity to us to further integrate within. One of the important reasons for integration within mainstreaming, call it what you will, is that gambling addiction is so highly co-occurring with substance abuse and mental health. And again that is where we started with tobacco. You talk about tobacco as an example. Now when you look at participation on gambling, participation in smoking is highly correlated. Smoking nicotine dependence and gambling addiction are highly correlated to the extent that its almost looking at some of the literature, it will almost be good to say if we really want to screen for who is gambling dependent just do a quick nicotine screen. So in general with substance abuse and mental health 50% of problem gamblers in treatment meet current or lifetime criteria for substance abuse disorder and 30% of substance abusers in treatment meet current or lifetime criteria of gambling addiction. It's not often, you know i mean sometimes it is sequential, it's clearly that is there is a remarkable co-occurrence.

Kathryn: And I think that your points are extraordinary well taken as we begin to take across health care landscape and across all these states not only absorb the DSM-V and the forthcoming ICD-10 in terms of diagnostics but also trying to leverage where their health care systems are going to go because everybody is making this judgment call about what they have in their states under the Affordable Care Act. And that substance abuse and mental health are seen as essential health benefits under the Affordable Care Act, we have multiple states making very concrete decisions about the kinds of services and supports they are going to have. Of course it varies tremendously across the United States in terms of it will be interesting in kind of balancing those 39 states that you mentioned that have this capacity across. What do those states have in terms of their health care systems? Do they have a federally facilitated exchange? Do they have a state's basic exchange? Or do they have a partnership exchange? And by the way do they do Medicaid expansion under affordable care? So all of those things from a resource's perspective I think Keith are really important. And i think we see this as an emerging issue and we see this as a perforation not only state lotteries, but racing and charitable bingo and sort of this commercial casino gambling really taking on a much more prevalence in the social environment.

I actually read a study yesterday that talked about the fact that actually there are benefits to gambling in older adults and I thought this is the emergent to say if you really just stop and think about it, it provides a social environment and a fun environment and it gives older Americans a reason to get on the bus and go to the casino and have a social event. And I thought this is exactly the kind of counter prevailing argument we are going to see even as the boomers are move to an era when they will be living on fixed income or have more incomes perhaps more than other generations, I don't know. But they will move mal environment where this balance, this question about whether gambling itself can be fun and controllable. At what point does it move to problem gambling and more difficult gambling?

Keith: Seniors are very interesting to look at because they tend to gamble less than other ages. The 18-24 have the highest rate of gambling participations and addiction. You know, the curves really bend down on seniors. So they gamble less than other age groups although that's still more than half the seniors say they gamble at least once a month. It's still amazing. Participation in gambling in America is now almost 85% of adults say they gambled at least once in the past year. You know when you get down to weekly, which is almost not as addicting; it's

much closer to that concern. It's much like weekly is an alcohol. 15% of adults said they gambled at least once in the past week. So in terms of participation even though seniors tend to gamble less than others it's still a lot more than other people think. Less than half of the seniors said they gambled at least once in the past month. And when you start to look at some of their issues, i think it's a lot like the health benefits of a red wine. There are certainly socialization benefits but there is also probably an effect. Those seniors who are able to get out, who are most ambulatory, and who are most cognitively as sound are the ones that are likely going to the casinos. There are also some risk factors there. And as we see this mass of generational shift from gambling mean of vice to stigmatize it's now being sort of normative you are going to see a lot of seniors. I think they are going to this place. Already now we see that the mid-week, mid-afternoon customers are exclusively elders. And they are treated very well. Many casinos now have senior's quotes where you can discounts on your meds if you join our loyalty club. We also see the 15th of the month club. We talked to seniors in our programs that said, "I can't get a bus to the doctor, i can't get a bus to the grocery stores, but i can always get a bus to the casino," and there is a point there where marketing and programs that are specifically tailored towards seniors. We will say it's not that that's inappropriate, but if we are going to have a marketing program exclusively for seniors have a responsible gaming programs exclusively for seniors because when seniors do get in trouble, they still see this as a highly stigmatized issue that they don't want to talk about. They are not going to talk to their kids and they are not going to talk to their doctor about it. Gambling is a financial thing or moral thing for them not a behavioral health thing. So when they start getting into trouble, they isolate, they tend to gamble more and you can wipe out your pension in a week. You know something you worked your entire life for.

And going back to the discussion about ACA, most private insurers refused to reimburse for diagnosis of pathological gambling. Americans with disability acts specifically excludes pathologically gambling. So although ACA is enormous for us but in most states we are still in outside looking in, and so we can talk about some of the work we have done with ACA and where we think the it goes, but there is to say right now, a lot of seniors may be depending on their insurance, may be depending on pension, but once that pension is gone, they are in a unique place of having a fund around care because in most states even there's only 39 states provide public funds, only 20 provide reimbursement for treatment. So states like Maryland for example and many of the states in your region for prevention you have helpline but no treatments. And we know of course without that continuous affair and when private insurance won't pay for it, these folks are going to have some pretty negative outcomes.

Kathryn: And let's talk for just a few more minutes. You started to talk about what are some of those things to look for in terms of when you are moving from a fun situation or a social situation to one that is a problem gambling situation, and i think it is important for our listeners to not only ask themselves in terms of their behavior but also for family members to be looking out for other family members who they may have some concerns about. I think that one of the things that i read about is that sometimes gambling can be hidden for a long period, and they may not really even share the fact that they may be gambling and it is considered something as you said that's very private, and it is only about their money and it is something that might be hidden. And frankly, I also see in this generation because my mom is 93 she doesn't necessarily think about mental health in the same way we/i think about mental health issues. So older people don't necessarily think about addictions in the same way that you and I might think about addiction in terms of behavioral health being a part of overall health. So they don't necessarily

grasp this notion of having an addiction. And i think that they are certain generational things that happen to older adults and they may deal with loss and death, separation, and I think that also...frankly gambling may sort of be a way to help fulfill that loss in some way shape or form. So i think it is important for us as we see this as an emerging issue.

And there are also those people who of course want to get lucky and think that they can use gambling as a source of revenue. They just have to strike it rich, it will be good, and they will be able to go on a trip. I think all of those kind of mental attitudes and emotional stasis contributes of what may become a problem-gambling situation. Is that the case from your experience?

Keith: That's absolutely true. Just to focus on seniors specifically, we know that one of the biggest precipitating factors for gambling addiction among senior elder women is a significant grief of loss issue. The spouse dies, alienation from the children, the significant health concern, maybe they are not mobile anymore. That is one of the biggest precipitating factors in gambling addiction. They often report, you know, when you are gambling for entertainment, it is fun and it's entertaining, and we talk about risk and protective factors and how people approach gambling. When those who have an addiction come to us and report we ask "what was the difference? What changed?" They said, "I started because it was fun but I kept doing it because I couldn't stop," and they almost always report, especially senior women, they report narcotic effects where their pain is debt when they are gambling. As long as they can stand in front of that machine, as long as they can keep playing bingo, as long as they can do whatever, it's that repetitive. You know we call it churning and the classic name is escape gambling, because as long as you got money or credit you can stay gambling, and we know actually phenomenological. You know when you look in the brain of pathological gambler the stem region are active and deaden as the brain of cocaine addict. We know for example there are many elders who report not having to take their meds when they are gambling because the dopamine is rushing through and every five seconds they are getting another hit and another hit and another hit and interestingly enough what some of the folks may not know for the gambling addict, the only thing as good as winning is losing. It's the turn of the card; it's that surge of potential dopamine when everything is possible.

Kathryn: Like adrenaline itself. You know the expectation.

Keith: Yeah the expectation. The outcome is relatively unexciting, and that means you just keep going back again and again. There are really some patterns that distinguish recreation gamblers from addictive gamblers, so we talk a little bit about those. So in general, certainly time and money is spent in gambling. In Maryland, the study I was previewing yesterday, low-risk gamblers spend a \$100 a day, at-risk gamblers, persons who are not addicted to it but have one or two of the DSM-V criteria, gamble \$388 per month. Problem gamblers spend \$1288 per month. Problem gamblers, more half of them, reported spending 600 hours of continuous gambling activity per month. So, we can walk that backwards and say if you only gamble just once a month, maybe you still have a problem maybe probably at moderate risk. You look at the number of games played; you can look at speed of play, you look at some of these things so a protective factor might be to say if you set a reasonable time and limit on money spent gambling and stick to it, you will not have a gambling problem. I mean, we can work that back because the percentage wise, 2-3 percent of adults meet the criteria for gambling addiction. It is a little bit less among seniors. So, you can say if you set a limit of time and money and stick to it that's

one of the easiest risk factor around. Problem gamblers have passed those limits of time and money and that's when it starts to become a problem.

Kathryn: And how do states that have an interest in this, in my case, it would be the state behavioral health authorities or the state public health authorities or the state leadership that might be given some directions to do something about this and in particular those states that are continuously growing their gaming opportunities? How do state councils that participate with your national council how do they push out information that are about the risk factors and the warning signs? In another word, how do you get to first off, all the messaging because some of the risk factors are things that people might not think about?

One of the risk factors I read about is an actual fear of old age because they are worried about getting older or worried about not being able to participate anymore in sort in social ways. Another risk factor may be the fact that they have difficulties managing their emotions so that's the place they can just focus on one emotion and that one emotion is the adrenaline hit that you were just talking about.

Keith: And they are going to get a free buffet, they are going to be in a safe environment, there is a security there. We know that casinos have actively catered to the older crowd. They were some of the pioneers in installing AED devices. In many casinos, you will have blackjack tables on a hydraulic lifts. So if you roll up in a chair, they can sink the table right down to meet you. You know, they are incredibly accessible. This is a market they cater to. There are a lot of reasons where going with a group might be fun and if that group has a predetermined limit, you know if you are going to go for an hour and the bus is going to take you back the center, that's probably pretty low risk. There is a lot of socialization in there. It's when you go back the next day you gamble alone. Gambling alone is the problem.

Kathryn: So that's a good message for the state councils to be putting out? To be saying publicly if you are gambling alone that's something you should be conscience about and you need to be aware of it. By the way, it could contribute to farther withdraw from family and friends, and then that may on itself become a problem.

Keith: And then you look at other addictions and you say if you drink, gamble and smoke be watchful because these addictions can sneak up on you. We know from clinical terms obviously, there are highly co-occurring and their multisystem and condition is very difficult. I think we have an interesting relationship and I will be blunt here, our nonprofits work with state agencies, we work with gaming industry on responsible gaming, we work with all the stakeholders, but at time we have a much harder road to travel with the SSAs because the state is so heavily involved with only working at the benefits of legalized gambling. They are reluctant sometimes to address it down in a way, because of lottery; they are directly operating the gambling. So, we have some interesting discussions with state agencies. Like Rhode Island for example, two years ago, the 100 thousand dollars in the budget from the entire state of Rhode Island from gambling was simply eliminated because nobody caught it in time. There was no one looking out for this program. This was just a whole amount of money. So, in Rhode Island and many of the states, Massachusetts for example, gambling is fully integrated into their health system. It is still very much smaller. There are still some big structural issues we have to address, but as gambling expands, it gives us enormous opportunity again and with behavioral health system, with people re-conceptualizing that, gambling create an interesting opportunity because as a non-substance

addiction one that is now in the DSM, I think that a lot of state systems are trying to figure out how exactly we are going to address it. It's something that was highly stigmatized, now it's more main stream, and I think that in a system where mostly addiction goes through the substance abuse side, gambling can be a challenge because there is no substance, and many problem gamblers don't look like substance abusers.

Kathryn: And I think if you take your Massachusetts example, the Massachusetts counseling and compulsive gambling even though Massachusetts has set itself up to participate more fully in looking at gambling and supporting gambling, they also have the largest source of revenue of any other state from gambling. Their source of revenue is five billion dollars from gambling revenues. You match that with what they put into it in terms of looking at it as an issue they have to pay attention to. There is an interesting equation that says well the word for all of you listening is it might be good for you to know just how much revenue your state derived from whatever kind of gambling issue is on as your government in your state, and then that becomes your advocacy argument from looking at balancing what you need to do for the numbers of people who may in fact be at high risk and who may in fact exhibit warning signs. And by the way, it is a behavioral health and emotional health issue, so both your substance abuse authority and your mental health authority, in some case they are separate, in some case they are the same, so hopefully they are having some conversation with each other about the fact that it is a behavior, it is emotionally driven. It is driven by the brain and the brain synapses in terms of those neuropsychiatric connections. It is an issue that should be faced. And I think that challenges are for states and for authorities to make sure that they are (1) aware of that information, (2) that they educating other people about that information, and (3) that they taking a preventable approach to ensuring that their population knows the information about what problem gambling constitute and what do you do about addressing it and how do you refer people to services.

Keith: When we think there is enormous opportunity out there because as system funding is pretty narrowly defined, if you start to incorporate gambling and infuse gambling more, and you are able to make an argument you know, my state have X billion dollars in revenue, the national council recommend that one percent of that goes back in health, we firmly believe we want to grow the pie. We don't want to cut down that funding pie every more narrowly. So I think the state legislatures have been receptive to that generally. I mean they understand the cost benefit and they have to, but a lot of this money that comes into the system then can be new money. We have some fairly good cost benefit work from states that have done a better job of doing problem-gambling services over the past decade. That shows that given such high co-occurring disorders, the state of Nebraska, for example, they were saving 75 thousand dollars a month by tracking people that came into their system for other substance abuse or mental health, got proper screening that gambling addiction was their primary concern, received treatment and then didn't come back in the system so they can track them across they system. They are saving 75 thousand dollars in Nebraska alone per month by getting people that have been in their system that never had their gambling disorder detected or treated before, getting them the appropriate care, they needed, and they tended not to come back into the system with some of these other complexities. So I think that all co-occurring is not the same. For some people they may well be primarily depressed and they happen to gamble as well and gambling doesn't necessarily help and it's not their primary disorder. But for some of those people gambling is their disorder. If you do treat the gambling, you are going to see across the entire system because they are not

coming back in. You know they are really depressed because 500 thousand dollars in debt and they can't stop. So I think there is some system wide savings we haven't been able to quantify yet for making sure that people are getting treated appropriately for their primary diagnosis, and also some systems wide savings with the potential to bring in new money from current expanding gambling revenue is going to help increase the pie rather than coming in and say ok we know you already try to do a thousand thing at once and here is a thousand and one and now you can gamble as well. That's a challenge for a lot of the states.

Kathryn: I think one of the things we are going to do as we close this discussion is to just ensure our listeners the fact that most people are able to gamble for fun and most people really can do it without causing major serious consequences to themselves. I think it is important to reassure folks that if you are gambling for fun and you're in treatment as a bonus that's the right attitude to have if you are going to exercise it. If you are going to gamble that, you do it as family or group event and you don't do it alone. And I think that if you can decide ahead on the amount of money that you want to gamble whenever you go.

Whenever I go to Las Vegas, I gave myself ten dollars and I say alright I'm going to do ten dollars and after the ten dollars is gone it's gone, and sometimes you win and sometimes you lose and also this notion that you don't want to borrow money in order to gamble. I think that's one of those triggers that say you can't be doing that.

As indicated earlier, Keith, if you limit the amount of time that you spend gambling and you think about it in way, I think it's a positive way. I'm going to ask us to sort of close this and ask you, Keith, to tell our listeners a little bit, about what are some resources that you would suggest we might give to people or steer them in the direction of the kind of resources that would be helpful for conversation.

Keith: Well I think the best, especially for focus on the substance abuse side and addiction side is the problem-gambling toolkit, it is available through the SAMHSA store. We helped developed that so there are our materials in there. There is an expert from TIP 42 on treatment of gambling addictions for co-occurring and disorders. We got two publications in this centered on financial issues because in a sense, money is the substance to problem gamblers abuse and it is very hard to say ok I just don't have money in this society. Helping gambling addicts deal with money and their families deal with money and financial issues surrounding gambling is one of the things that really distinguish this from other addictions. So there is some specific targeted information on that. SAMHSA is coming out with a new publication on problem gambling behavioral disorders. We have not seen that yet but it has been apparently cleared so it's on its way. The National Council and 38 state chapters, we have wealth of resources. The easiest way to go is to go to ncpgambling.org, so for national council problem gambling.org. We are hoping there is going to be a lot more stuff coming through the federal systems as well. For example, we have some bills that are pending that would provide some information for veterans, which is one of your concerns as well. The studies we have shown the veterans have about five times the rate of gambling addiction as other groups and they are again from co-workers perspective, veterans who have gambling addictions are 50% more likely to be homeless than others. In touches, as often as you said earlier, hidden way, may be a hidden driver of these other disorders. It is not the whole root cause of homelessness, but it is something that as you are thinking about working with these populations, especially risk populations, you will see in the health system, substance abuse, mental health veterans, racially, ethnic and minorities, elders, youths. Things

about gambling being a hidden a little as an iceberg approach that may infuse and exacerbate all these other problems that are a little bit more cognitive.

Kathryn: That's terrific. Thank you. Let me just add there are two other resources other than the one Keith mentioned from SAMHSA. There is a toolkit on personal financial strategies with the loved ones of problem gamblers and that's put out by the National Endowment for Financial Education. And also, SAMHSA has a very useful toolkit on promoting emotional health and preventing suicide, which is a toolkit for senior living communities so that you can go in to senior living communities and talk about emotional health. Of course gambling is a piece of that and sometimes when it's more tragic people can in fact become depressive and move into more destructive behavior.

Keith: For seniors it's recreation and it's recreation with risk, but as long as we are helping them, mix balances of the choices about their gambling. No one is saying don't gamble because when you survey seniors, that is by far the productivity. But we are saying make sure it doesn't become a problem. Don't gamble away your golden years, and helping them find that balance as you would be talking about alcohol use as you be talking about other potentially risky activities that's that main stream approach, that is that public health approach. We need to get away from the stigma surrounding them. Let's talk openly about it, but let's make sure that we understand there is risk there as well.

Kathryn: Terrific! It has been a wonderful conversation with Keith Whyte, from the National Council Problem Gambling, I am Kathryn Power, the Regional Administrator for Region 1 for SAMHSA, we appreciate your interest in this emerging issue, and we look forward to having continuing conversation about problem gambling on older adults. Thank you very much.